

Panel Presentation
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**Addressing the shortage of paid workers for elderly workers–
the three “Rs”–recruitment, replacement, and retention**

Good Afternoon,

I am Maggie Belton, Board Chair of the Personal Assistance Services Council of Los Angeles County, and I want to talk to you about the paid workers that provide elderly services and issues regarding their recruitment, retention, and replacement. I am basing my comments and suggestions on my knowledge and experience in a unique program that provides in-home services to low income California seniors and younger people with disabilities: The In-Home Supportive Services program, or IHSS.

The IHSS program provides an alternative to out-of-home care, by providing state, county and federal funding for recipients to hire a caregiver that will enable them to remain in their own homes. Unfortunately, this program is available only to the economically disadvantaged.

Individuals eligible for IHSS services are age 65 or older, or are younger people with a disability, unable to live safely at home without help, and are financially unable to purchase needed services. Consumers are SSI (State Supplemental Income) and SSP (State Supplemental Plan) recipients and are eligible for IHSS benefits if they demonstrate an assessed need for IHSS services. Through a series of evaluations performed by county social

workers, IHSS recipients can be authorized for up to 283 hours per month of services for activities of daily living, which may include: Housecleaning, meal preparation, laundry, grocery shopping, and personal care services (such as bowel and bladder care, bathing, grooming, paramedical services, accompaniment to medical appointments, and protective supervision for individuals whose mental status or cognitive functioning poses a threat to their safety and well-being).

IHSS recipients have the right to choose, hire, train and terminate the employment of their IHSS provider. The provider can be a friend or family member, or a person unknown to the recipient prior to the working relationship.

I know numbers can be dulling, however, there are over 360,000 people receiving IHSS services—roughly 148,000 of who reside in Los Angeles County. About two-thirds of the IHSS caseload resides in a county with an IHSS public authority. You cannot have consumers without providers, and, in LA County, there are over 118,000 IHSS service providers.

Los Angeles County's public authority is an entity created by the Board of Supervisors, through ordinance, and is called the Personal Assistance Services Council, or PASC.

I am its Board Chair.

I am proud to say that, while on my watch, PASC has negotiated two wage increases, from \$6.75 to \$8.10 an hour and implemented a health care plan which provides medical benefits to over 18,000 IHSS providers in LA County.

PASC has a legal responsibility to enhance the delivery of services within the IHSS program, as services are assessed and assigned by

the Los Angeles County Department of Public Social Services (DPSS). PASC's mandate is to 1) act as the employer of record for service providers for the purpose of collective bargaining, 2) to operate an IHSS provider registry, which acts as referral system for IHSS recipients who need help obtaining a provider, and 3) provide access to training for both IHSS providers and recipients.

The over 118,000 IHSS providers in LA County are a rich mix of people who are ethnically and culturally diverse, including a large immigrant population, low wage earners (some are TANF participants), largely female, many of whom work for family members and all work for consumers who do not pay for services themselves.

According to US Department of Labor statistics, home care is among the top six fastest-growing occupations in the United States, as a result of a rapid increase in demand, due to population and longevity factors. Coupled with increased demand, is the reality that, nation-wide, home care workers are paid, on average, \$8 an hour, and it is these low wages and the lack of benefits which are the major reasons why there is a severe shortage and a turnover rate of home care workers in our communities.

We cannot do much to stifle the demand, and that would not be an acceptable goal anyway, but I can certainly suggest that if wage rates rose and the job became a decent alternative for people who would otherwise be working in restaurants and hotels, it would become much easier for consumers to find and keep experienced providers.

Wage increases would improve the overall quality of the match between providers and consumers, while at the same time helping some providers transition off welfare or out of poverty or both, with great benefit to the community.

If Congress were to raise the minimum wage, at least some of the direct care worker shortage would be mitigated, as providers would be more likely to stay in the field, seek more professional growth, and become even more skilled at their job.

The vast majority of home care services are funded by Medicaid (Medi-Cal in California), which means the state and federal governments establish a wage floor and, to a large extent, pay the wages. Unlike the private employers in retail and services, which also pay very low wages, state and federal governments are subject to direct political pressure from unions and consumer groups, often working in coalition.

PASC has sought to improve wages and benefits, as we think this is an obvious way to improve the workforce by attracting more workers, and reducing turnover. These efforts, together with an ongoing campaign to educate and inform the community and its lawmakers of the dynamics affecting the IHSS workforce, has made a difference in improving the quality of life for all people who provide and receive IHSS.

In summary, I think wages and benefits need to be increased as an essential step in counteracting workforce shortages. I think an effective way to effect this is a vigorous educational effort to inform and influence the community of the benefits of attracting, retaining, and replacing service providers.